



2022-23 NON-TRIBAL MEMBER

OVER-THE-COUNTER HUNT APPLICATION FORM

Please carefully select the appropriate hunt(s). Complete the application in its entirety and sign verifying the information is correct. Incomplete or incorrect applications will not be processed. Mail Applications to: Jicarilla Game & Fish Dept., P.O. Box 313, Dulce, New Mexico 87528

LAST NAME: _____

HUNT TYPE: _____

OVER-THE-COUNTER LICENSES

Issued 1st come- 1st Served Beginning MARCH 1, 2022 (unless otherwise noted)

To purchase an over-the-counter license, submit total license fees plus a \$50 non-refundable application and wildlife stamp fee per applicant

Table with columns: HUNT TYPE, SEASON DATES, # HUNTERS, License Price, TOTAL. Rows include RES-WIDE ARCHERY BULL ELK, SOUTH ARCHERY BULL ELK, SOUTH MUZZLELOADER BULL ELK, EARLY RIFLE BULL ELK, LATE RIFLE BULL ELK, COW ELK OPTION, SPRING TURKEY, WATERFOWL, VARMINT PERMIT, HLM FALL BEAR, and a TOTAL row.

Tribal Guide(s): (If known) _____ Guest (if known): _____

How did you hear about hunting on the Jicarilla Apache Nation? _____

By signing, each applicant certifies that all the information is true and correct to the best of their knowledge, and each applicant agrees and understands the rules and regulations of hunting on the Jicarilla Apache Nation. A copy of Hunter Safety Certification is required for youth.

1. Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____

State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

2. Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____

State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

3. Applicant Name: _____ Phone: _____

Mailing Address: _____ City: _____

State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____

4. Applicant Name: _____ Phone: _____
Mailing Address: _____ City: _____
State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____
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5. Applicant Name: _____ Phone: _____
Mailing Address: _____ City: _____
State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____
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6. Applicant Name: _____ Phone: _____
Mailing Address: _____ City: _____
State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____
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7. Applicant Name: _____ Phone: _____
Mailing Address: _____ City: _____
State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____
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8. Applicant Name: _____ Phone: _____
Mailing Address: _____ City: _____
State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____
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9. Applicant Name: _____ Phone: _____
Mailing Address: _____ City: _____
State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____
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10. Applicant Name: _____ Phone: _____
Mailing Address: _____ City: _____
State/Zip: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Signature: _____ Date: _____ Hunter Safety Card # (age 17 and under): _____
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